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PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<b>Attorney Docket No.</b>	FL12-047
	<b>First Named Inventor</b>	Randy Sines
	<b>Original Patent Number</b>	5,934,998
	<b>Original Patent Issue Date</b> (Month/Day/Year)	08/10/99
	<b>Express Mail Label No.</b>	EL465782435US

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribbonded Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: <u>Check for \$</u> .....
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	.....
a. <input type="checkbox"/> Computer Readable Form (CFR)	.....
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

### 18. CORRESPONDENCE ADDRESS

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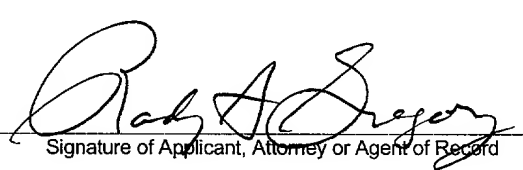
<b>NAME</b> (Print/Type)	Randy A. Gregory	<b>Registration No. (Attorney/Agent)</b>	30,386
<b>Signature</b>	<i>[Signature]</i>	<b>Date</b>	Aug. 10, 2001

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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U.S. PTO  
09/27/01  
08/10/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) FL12-047		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 56	**** 36 =	x \$ 9 =	or	x \$ =	324	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 40 =		x \$ =	0	
Basic Fee (37 CFR 1.16(h))						\$ 355		\$ 355
Total Filing Fee					\$	OR	\$ 679	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 8	* =	x \$ 9 =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	***** 1	=	x \$ 40 =		x \$ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>23-0925</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0925</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>679</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>Aug. 10, 2001</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Randy A. Gregory</p> <p>Typed or printed name</p> </div> </div>								

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EL465782435

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent No. . . . . 5,934,998  
Issue Date . . . . . August 10, 1999  
Application Serial No. . . . . 08/913,723  
Filing Date . . . . . October 13, 1995  
Inventor . . . . . Sines et al.  
Assignee . . . . . Digideal Corporation  
Group Art Unit . . . . . Unknown  
Examiner . . . . . Unknown  
Attorney's Docket No. . . . . FL12-047  
Title: Blackjack Game System and Methods

**STATEMENT OF STATUS AND SUPPORT FOR ALL CHANGES TO THE CLAIMS**

To: Assistant Commissioner for Patents  
Box Reissue  
Washington, D.C. 20231

From: Randy A. Gregory (Tel. 509-624-4276; Fax 509-838-3424)  
Wells, St. John, Roberts, Gregory & Matkin P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

Sir or Madam:

The status of the claims of the application before the application of this reissue  
are as follows:

Original Claims: 1-8.

Support for the new claims being added is provided by the original specification  
of Patent No. 5,934,998. In particular, the new claims are supported by Column 16,  
lines 16-22; column 16, line 33 through column 19, line 2.

Respectfully submitted,

Date: Aug. 10, 2001

By:   
Name: Randy A. Gregory  
Title: Attorney/Authorized Representative

**EL465782435**

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<b>REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT</b>		Docket Number (Optional) FL12-047
I hereby state that:  I am the applicant for a reissue patent based on the original patent identified below.		
Name of Inventor(s)/Assignee(s) Digideal Corporation		
Patent Number 5,934,998		
Title of Invention Blackjack Game System and Methods		
Reissue application number (if known)		
The ribboned original patent grant is lost or inaccessible.		
		
Signature		
Typed or printed name Randy D. Sines		Date 8/10/01
Title (e.g. inventor(s), officer of assignee) Vice-President		

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